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\*\* CONTINUING DATA \*\*\*\*\*

None (w)

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None (w)

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 10/02/2003

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 6	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

021005

## TITLE

Attachment mechanism for surgical instrument

<b>FILING FEE RECEIVED</b> 1076	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
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